

Chart 2
Monthly Insurance Rates For Retiree
Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental Coverage
For Retirees Insured In The Non-Medicare Plans
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due July 1, 2008

Type Of Coverage	Premium Amount To Be Deducted on Payroll				Full Cost Premium	
	Retirees Retired On or before July 1, 1994		Retirees Retired After July 1, 1994			
Basic Life \$5,000 Coverage Only	\$0.69		\$1.03		\$6.85	
MetLife Retiree Dental Coverage	Individual	Family	Individual	Family	Individual	Family
	\$23.93	\$57.64	\$23.93	\$57.64	\$23.93	\$57.64
Health Plan Costs (Including Basic Life \$5,000 Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Community Health Plan-Direct Care	\$40.14	\$95.37	\$60.21	\$143.05	\$401.36	\$953.66
Fallon Community Health Plan-Select Care	47.51	113.05	71.26	169.57	475.02	1,130.45
Harvard Pilgrim Independence Plan	51.66	124.02	77.49	186.02	516.57	1,240.14
Health New England	43.08	105.77	64.61	158.65	430.73	1,057.67
Navigator by Tufts Health Plan	48.95	117.17	73.42	175.75	489.46	1,171.62
NHP Care (Neighborhood Health Plan)	42.55	111.62	63.82	167.42	425.45	1,116.14
UniCare State Indemnity Plan/Basic with CIC	106.49	247.23	142.48	330.84	754.49	1,752.33
UniCare State Indemnity Plan/Basic without CIC	72.01	167.24	108.00	250.85	720.01	1,672.34
UniCare State Indemnity Plan/Community Choice	41.48	98.58	62.21	147.87	414.73	985.75
UniCare State Indemnity Plan/PLUS	52.48	124.29	78.72	186.43	524.76	1,242.82

CIC: Catastrophic Illness Coverage

Individual CIC:\$34.48/monthly

Family CIC: \$79.99/monthly